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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: Medical specialists get underway with ships

By LT Mark J. Stevenson, MSC, Bureau of Medicine and Surgery

WASHINGTON--Navy Medicine has begun a new initiative that is the latest effort in taking health care to where seagoing Sailors do their jobs. In response to requests from the Fleet, physical therapist, clinical psychologist and associated technicians billets were established for aircraft carriers.

The first specialist and technician reported to USS Abraham Lincoln (CVN 72) in May and other billets will continue to be filled in the near future.

Before the final decision to create these positions was made, the Bureau of Medicine and Surgery conducted a two-year demonstration project on different carriers to determine the effectiveness of having these Medical Service Corps disciplines and Hospital Corps specialties aboard. The demonstration was successful and now physical therapists, psychologists and their enlisted technicians will be assigned to carriers.

"This initiative provides the opportunity to significantly enhance the quality of life and readiness in the carrier battle groups and their air wings," said RADM Ed Phillips, MSC, director of the Medical Service Corps.

The demonstration teams proved how readiness and quality of life could be improved. Psychologists taught patients to cope with their problems and physical therapists treated and

rehabilitated injured personnel.

LT Helen Napier, MSC, a clinical psychologist served aboard USS Kitty Hawk (CV 63) from August 1996 to February 1997.

"There is simply no other way to comprehend the daily shipboard lifestyle than to live it," she said. "Shorter temporary assignments to the ship would give an artificial snapshot of deployment rigors...however, by living [aboard the Kitty Hawk] over time, I developed an [understanding] for what is normal given the ship's environment and stage of deployment."

LT Lanny Boswell, MSC, and LT Todd Sander, MSC, both physical therapists, also used their skills on board carriers. Boswell worked with USS Enterprise (CVN 65) crew from June to December 1996. During his deployment, Boswell concentrated on evaluation, rehabilitation and prevention of injuries.

Sander, did a tour with USS John F. Kennedy (CV 67) from April to October 1997. He used his physical therapy skills to treat more than 500 Sailors and Marines, saving more than \$50,000 and thousands of lost work hours by preventing medical evacuations.

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Headline: Total force Anthrax vaccination decision announced
From DoD Public Affairs

WASHINGTON--Secretary of Defense William S. Cohen directed the military May 22 to proceed with the previously publicized plan to vaccinate all active-duty personnel and Selected Reserves with the FDA-licensed Anthrax vaccine.

Total Force vaccinations for about 2.4 million military Service members are expected to begin this summer.

"I have approved implementation of the Anthrax Vaccination Program for the total force," Cohen explained. "This is an efficient, effective and safe way to protect our forces against an emerging threat."

"On December 15, 1997, I made implementation of the program contingent on the successful completion of four conditions: supplemental testing of the vaccine; assured tracking of immunizations; approved operational and communications plans; and review of the health and medical aspects of the program by an independent expert," Cohen said. "All conditions for implementing the Anthrax Vaccination Program for the total force have now been met. Vaccinations of the active components and Selected Reserve shall proceed consistent with all specifications of the Food and Drug Administration approved product labeling."

The Secretary of the Army will be the Executive Agent for the Department's Anthrax Vaccination Program. The Army, on behalf of the Executive Agent, will manage and administer the overall program and monitor the Services' progress of their respective implementation plans.

After a three-year review, Cohen concluded that the

vaccination is the safest way to protect highly mobile U.S. military forces against a potential threat that is 99 percent lethal to unprotected individuals.

"This is a force protection issue that was recommended by the Chairman of the Joint Chiefs of Staff," Cohen said. "To be effective, force health protection must be comprehensive, well-documented and consistent. I have instructed the military to put such a program in place."

Immunization of our troops is a prudent action. The immunization program will consist of a series of six inoculations per service member over an 18-month period, followed by an annual booster. Although protection levels increase as shots in the primary series are given, the entire six-shot series is required for full protection, as determined by the FDA.

The phased vaccination program will take six to seven years to complete. Next in priority after those in Southwest Asia and Northeast Asia are early deploying forces. The remainder of the force, including the reserves and National Guard, and new recruits will follow. Annual booster vaccinations for all service members will become a routine part of force health protection.

More information about the Defense Department's Anthrax Vaccination program is available on the World Wide Web at: <www.defenselink.mil/other_info/protection.html>.

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Headline: TRICARE Prime Remote serves remote duty Sailors and Marines

By LT Mary Waldman, MSC, Bureau of Naval Medicine

WASHINGTON--Sailors and Marines who serve their country in remote assignments far from a military treatment facility (MTF) will no longer be shut out of the benefits of TRICARE Prime. The Office of the Assistant Secretary of Defense (Health Affairs) has established TRICARE Prime Remote, a new program that will bring the TRICARE Prime benefit to active duty members in remote duty assignments, such as recruiting stations and reserve centers in the United States.

Those who are eligible for TRICARE Prime Remote include active duty personnel whose duty station and home residence is more than 50 miles from an MTF. If a TRICARE network is not available, active duty members will still be considered a TRICARE Prime enrollee upon reporting to the command, and will be authorized to receive civilian care. The active duty member pays nothing for care delivered by authorized civilian providers. It is important that members ensure the care is authorized (except in emergencies) before receiving care.

All care will continue to be coordinated by a Primary Care Manager, and the active duty member will receive the same services available in a TRICARE network. If it is determined that specialty care is needed, the Primary Care Manager will coordinate the requirements.

Family members accompanying the active duty member will be able to enroll in TRICARE Prime, where a TRICARE network is available. They will have the same cost shares as family members enrolled anywhere else in the United States. They still have the option of using the TRICARE Standard benefit whether or not the TRICARE network is available.

Beginning in August 1998, TRICARE Prime Remote enrollment materials will be mailed to everyone at remote duty assignments. Active duty personnel must enroll in the program.

For more information about this program, contact your MTF or TRICARE service center.

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Headline: "Smart" sensors identify heat stress areas on ships

By Doris Ryan, Naval Medical Research and Development Command

BETHESDA, Md.--A team of researchers from the Naval Health Research Center, San Diego is ensuring that Sailors do not suffer from undue heat stress during operations at sea. Their new automated heat detection software will quickly and accurately monitor heat and humidity in known high heat spaces aboard ships.

Research has shown that constant exposure to heat can adversely affect the safety, health and performance of personnel who must work in high heat or humid work areas. Temperatures in engineering, steam catapult, galley, scullery, laundry and auxiliary equipment workspaces often exceed 100 degrees Fahrenheit and 50 percent relative humidity.

The research team developed a software package that introduces smart technology to improve the current handheld meter method of taking temperature and humidity measurements. With the new software incorporated into computers, sensors located in strategic areas now automatically scan workspaces and transmit temperature measurements to computers.

The system records the workspace temperature, displays the appropriate stay time for personnel, stores the data in a spreadsheet and prints the information on a heat-stress form. Using this automated method, a complete shipboard heat-stress survey can now be accomplished within minutes instead of hours.

The sensor system was first used in 1997 aboard an aircraft carrier in the Persian Gulf. The prototype received favorable reviews and the research team will be adding the smart technology to USS Rushmore (LSD 47) and incorporate it into new ships such as USS Mahan (DDG 72) and USS Bon Homme Richard (LHD 6).

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Headline: Jacksonville's wellness programs receive

achievement award

Story by Terresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla.--Naval Hospital Jacksonville received a State of Florida Sterling Quality Achievement Award for its Wellness Center's Wellness and Prevention Programs. The Programs were singled out by the Florida Sterling Council as being outstanding and worthy of serving as a benchmark standard for other wellness programs.

The Florida Sterling Council is the governor's initiative to promote, encourage and recognize quality business processes based on the principles of leadership, employee involvement, customer satisfaction and continuous improvement.

This is not the first recognition the hospital's Wellness Center has received. It was identified as being instrumental in Naval Air Station (NAS) Jacksonville's national recognition from the Wellness Councils of America, when NAS Jacksonville received the Gold Well Workplace award. According to the Wellness Council of America, this was the first time the award was presented to a Department of Defense facility.

The hospital's Wellness Center Programs serve active duty and retired personnel, base civilians and their family members by teaching them how to improve their life styles and behavior.

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Headline: Navy nurse selected for Executive Leadership Program

By Lt. Rick Haupt, USN, TRICARE Southern California

SAN DIEGO--Commander Dan Wasneechak, NC, was recently selected to participate in the Executive Leadership Program sponsored by the American Association of Health Plans, a national organization representing over 1,200 health care groups. The leadership program annually selects only 25 people for the program. According to the American Association of Health Plans, Wasneechak is the first naval officer and the fourth military health care professional to be selected for the program in the past three years.

"I'm really excited to be in this program," said Wasneechak. "It's a real honor and I'm thrilled that the Navy will support me in completing it."

In the one year program, which will earn him the designation Certified Managed Care Executive, Wasneechak will attend three academic sessions at various locations in the United States, mentor with health care chief executive officers and complete a variety of scholarly activities. He will complete the requirements while continuing to fulfill his military duties.

Wasneechak works for the Office of the Lead Agent, TRICARE Southern California, the organization that oversees the military

health plan and facilitates managed care at military hospitals and clinics in the southern California region. His current duties include implementing the TRICARE Senior Prime and TRICARE Prime Remote programs.

He earned a Master in Health Care Administration from Baylor University and a Bachelor of Science in Nursing at the University of Rhode Island.

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Headline: TRICARE question and answer

Question: When I transfer to my next duty station, will I have to disenroll from TRICARE Prime and reenroll at my next duty station? Will my family have to do the same with their TRICARE medical plan?

Answer: No. Active duty personnel do not have to disenroll from TRICARE Prime upon Permanent Change of Station (PCS). When they arrive at their next duty station, they will be assigned a new Primary Care Manager.

Family members enrolled in TRICARE Prime do not have to disenroll upon PCS of the active duty sponsor. TRICARE Prime will cover them while they transfer to the new duty station. When the active duty member arrives at the next duty station, family members will have to decide whether to enroll in PRIME. If they choose to use TRICARE Prime, they must reenroll. No enrollment is required if they choose to use TRICARE Standard or TRICARE Extra.

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Headline: Healthwatch: Don't burn up or burn out in the summer heat

By LCDR Mike Hall, MSC, Naval Hospital Pensacola

PENSACOLA, Fla.-- By the time you read this, the gentle mornings and cool evenings of spring will have started to fade and the dog days of summer will be nearly upon us. As any experienced athlete knows, the heat and humidity of summer bears special precautions and preparations, especially when summer days may have hundred degree temperatures.

The most insidious enemy in this annual summer drama is the central character - the sun. Hardly a day goes by that a new basal cell skin cancer or malignant melanoma is diagnosed on a patient at a Naval Hospital. Both lesions are legacies of summers at the beach or other outdoor activities. For most, these are the result of exposures before we discovered just how unsafe it could be to lie about in the sun for hours.

Common sense tells us that appropriate precautions must be taken when active in the heat. Additionally, scores of scientific studies attest to the protective effect of following simple measures when out in the sun to reduce the risk of skin cancers. These include using a sunscreen with

a sun protection factor of at least 15, wearing a wide-brimmed hat, a long-sleeved shirt (if sitting rather than running) and sunglasses.

Young children are at most risk for significant long-term sun and heat injury. Monitor their time in the sun while playing at the beach or in the yard. If they are old enough, explain to them the importance of being properly attired in the sun and being careful about activities in the heat. A significant risk factor for skin cancer later in life is severe sunburn in childhood.

Becoming acclimated to the heat before taking long runs or engaging in extended exercise is another wise precaution. A heat injury can be life threatening and may result in significant long-term problems.

Appropriate hydration is another requirement for being active in the summer heat. With heavy exertion in high heat, you can lose more than two quarts of fluid per hour. Remember that thirst is a poor indicator of hydration status (you're already a quart low by the time you feel thirsty). Urine volume and color (clear is good, dark is bad, none is very bad) are more sensitive indicators.

Long runs should include the occasional water stop and should be timed to avoid the worst heat of the day. Generally, mornings are best and evenings are okay, with noontime and early afternoon often the least advised times to be exercising out in the sun.

It is also important to practice "safe skin." Perform a monthly head to toe self-check of your body. Sores that don't heal, and large, itchy or bleeding moles or lesions that rapidly change in size or character, should be brought to the attention of your health care provider.

These warnings should be specifically directed to all Sailors, Marines, instructors and sports enthusiasts, but everyone, including family members, retirees and the elderly, needs to remain vigilant in avoiding heat and sun injuries. There are too many admissions each year at Naval Hospitals for injuries due to overzealous training in the heat. The "flag" system used on bases is well thought out and well executed. Remember, "Black Flag" days mean no PT. Be careful out there, and have fun!

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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